

Serial Number 09/591177

~~Team 4~~

13

Date 1-20-01

Data needed for keying this Application:

Please check what is wrong with the case

Scanners

- ☐ 1. Application missing
- ☐ 2. Sheet's missing from Application, pages _____
- ☐ 3. Declaration / Oath missing
- ☐ 4. Drawing or Figures missing
- ☐ 5. Filing date not correct, should be ____/____/____

Classifiers

- ☐ 1. Group Art Unit, Class
- ☐ 2. Foreign Filing License Granted
- ☐ 3. Screening

RAM

- ☐ 1. Filing Fee not correct, should be \$ _____ code _____
- ☐ 2. Serial number was posted incorrectly, correct no. _____
- ☐ 4. No initial authorization to charge this account
- ☒ 5. Refund \$ 345 from code 101
- ☒ 6. Change of codes 101 \$ 690 to code 201 \$ 345
- ☐ 7. Check or Charge \$ _____ code _____
- ☐ 8. Claims are counted incorrectly
- ☐ 9. Preliminary Amendment adds or cancels claims/multiple claims deleted or added
- ☐ 10. Applicants is / is not entitled to Small Entity Fees

Customer Service

- ☐ 1. Customer Number

Team Cases

- ☐ 1. Revocation
- ☐ 2. Bad Bar Code Label
- ☐ 3. Wrong Status from _____ to status _____
- ☐ 4. Reset date on letter
- ☐ 5. Retention goes to Doshie
- ☐ 6. Express Abandon goes to Doshie

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>1-20-01</u>		2 Serial/Patent # <u>09/591177</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>345</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
<div style="border: 1px solid black; padding: 10px; margin: 5px;"> <i>Sm Entity</i> </div>		7 TOTAL AMOUNT OF REFUND		\$ <u>345</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	9 1 7 -- 0 0 5 3		
<input type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY: <u>D. Bates</u>				
TYPED/PRINTED NAME: <u>D. Bates</u>			TITLE: _____	
SIGNATURE: <u>D. Bates</u>			PHONE: _____	
OFFICE: <u>OLPE</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other _____" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [PAPER NUMBER refers to the sequential number on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.] If a refund is requested.
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refund should enter their **NAME, TITLE, PHONE NUMBER, OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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Mail or hand-carry the completed form with attachment(s) to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B